



County of San Diego

JEAN M. SHEPARD
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

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Base Station Physicians' Committee
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Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING

Minutes

Tuesday, October 16, 2007

Members Present

Davis, M.D., Dan – UCSD/Mercy Air
Dunford, M.D., Jim – City of San Diego
Glasser, M.D., Judd – Tri-City
Grad, M.D., Michele – Palomar/Pomerado
Harley, M.D., Jim – Children's
Linnik, M.D., Bill – Sharp Grossmont
Miranda, Aaron – S.D. Co. Paramedics' Association
Reilly, M.D., Ian – Scripps La Jolla
Rosenberg, R.N., Linda – Sharp Memorial
Stonecipher, R.N., Joanne – Southwestern College
Zahller, M.D., Steve – Scripps Mercy

County Staff Present

Haynes, M.D., Bruce
Pate, R.N., Rebecca
Royer, R.N., Diane
Smith, Ph.D., Alan
Stepanski, Barbara

Recorder

Rupp, Merle

Guests Present

Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista Fire
Barnes, R.N., Melanie – S.D. Med. Servs. Enterprise
Bourdon, R.N., Darlene – Scripps Mercy
Broyles, R.N., Linda – RCCP/AMR
Esquer, Perry – San Diego Fire Air Ops
Fisher, Roger – San Diego Fire Rescue
Foehr, Rick – EMSTA, Inc.
Graydon, R.N., Cheryl – Palomar
How, Chang-Kwang – UCSD
Howard, R.N., LuAnn – Scripps La Jolla
Kelly, R.N., Donna – UCSD ROC
Kusman, Travis – American Medical Response
Modafi, P. Jamil – Children's
Majerczak, R.N., Karen – Tri-City
Marugg, Jim – S.D. Co. Paramedics' Association
Meadows-Pitt, R.N., Mary – Sharp Grossmont
Ochs, R.N., Ginger – San Diego Fire Rescue
Reese, D.O., Ph.D., Nicolini – Naval Med. Ctr. S.D.
Scott, Chris – North County Fire
Seabloom, R.N., Lynne – Oceanside Fire
Smith, Mitch – San Marcos Fire
Smith, R.N., Susan – San Diego Fire Rescue
Steen, R.N., Pam – Mercy Air

I. INTRODUCTIONS/ANNOUNCEMENTS

Judd Glasser, M.D., Chair, brought the meeting to order at 11:00 a.m. Attendees introduced themselves.

II. APPROVAL OF MINUTES

MOTION made by Jim Harley, M.D., Seconded by Michele Grad, M.D., to approve the Minutes of September 18, 2007 as submitted. MOTION carried.

III. **MEDICAL DIRECTOR'S REPORT** (Bruce Haynes, M.D.)

Overcrowding Summit: Was a great success. Out-of-town speakers presented different ideas on what is occurring around the State. EMOC (Emergency Medical Oversight Committee) will try to follow-up with some of the issues. In terms of off-load delays, it has been suggested that when an off-load delay of a patient is likely, hospital personnel make eye contact with the arriving crew, inquire about the patient's status and give some estimate of the delay or current situation. **ACTION: Dr. Haynes to generate letter to emergency departments addressing courtesy issue.**

STEMI Update: Second quarter data reinforced the excellent door-to-balloon times achieved in the STEMI Receiving System. The median door-to-balloon time was 59 minutes with the mean 66 minutes for cases that were activated in the field. The number of cases meeting the goal of less than 90 minutes was 88%. The Cardiac Advisory Committee (CAC) reviewed the door-to-balloon information and for the first time performed a review of catherization cases.

Destination of Acute Stroke Triage Protocol: This protocol for acute stroke patients was approved by the Emergency Medical Care Committee (EMCC). An implementation system is being developed. The symptom onset time frame for an "acute" stroke was changed from two to three hours based on suggestions from the Stroke Task Force. Acute stroke with symptom onset should be logged in the Quality Assurance Network within three hours.

IV. **BASE HOSPITAL NURSE COORDINATOR'S REPORT** (Linda Rosenberg, R.N.)

No report.

V. **ROC (Resuscitation Outcomes Consortium) Update** (Dan Davis, M.D.)

ROC is currently at the point of discussing renewal. This decision will also be heavily influenced by the FDA (Food and Drug Administration) and the Data Safety Monitoring Board. ROC has a meeting this week regarding the issue of whether or not San Diego ROC will be renewed. ROC San Diego is into three and-one-half years of a five year grant.

Enrollment has been slow in the Hypertonic Saline Study. The study is dependent on the paramedics and MICN's identifying cases. Dr. Davis contacts the trauma team directly in each hospital where a patient has been enrolled in the study.

In regard to the Epistery Study, there has been difficulty but the County staff has been very helpful. The QCS data base is not set up in such a way that the data fields can be easily queried. The ROC staff find they are falling behind when having to read the narratives to capture the data.

VI. **AEROMEDICAL TRANSPORT USE IN THE SAN DIEGO TRAUMA SYSTEM** (Alan Smith, Ph.D., County EMS)

The following are some highlighted comments from this presentation by Dr. Smith.

- Is an invaluable trauma resource saving much time in long transports.
- Carries with it a risk of crashing and is expensive, however, statistics show a person was more likely to be involved/die in an ambulance crash than an air transport.
- The average time from when a first agency is notified to when the aeromedical agency is notified is twenty minutes.
- Safety track record is outstanding.
- An aeromedical event is a high profile event drawing much attention.
- It is not always faster from when 9-1-1 is called to when the patient arrives at the hospital.
- Mercy Air has locations in Carlsbad and El Cajon.
- A map showing catchment areas was shown.
- 24% percent of the population lives within 10 minutes of a trauma center and 93% of the population within 30 minutes.
- From the period from July, 2004 through June, 2005, there were 9,721 total trauma patients. Of those, 781 were aeromedical transports from the field and 14 were inter-facility air.
- The majority of the aeromedical patients come from the San Diego North Coastal area near where Highways 5 and 78 come together.
- The further you are away from San Diego, the higher the percentage of patients transported by air.
- Scripps La Jolla receives 20% of their patients by air.
- Palomar and Sharp Memorial receive 9% each and Children's 11%.
- In terms of transporting from the scene of the most severely injured patients, 12% of patients transported by air had an ISS (Injury Severity Score) in the highest category with the highest number between 25 and 75. Only 7% of ground transports were this severe.
- Children were the most mild cases transported in which 58% of them didn't meet major trauma criteria but did meet trauma triage criteria and aeromedical trauma triage criteria.

VII. HEALTH ADVISORY COMMITTEE ON THREATS (HACOT)
(Linda Rosenberg, R.N.)

No report.

VIII. SAN DIEGO HEALTHCARE DISASTER COUNCIL
(Linda Rosenberg, R.N.)

The State-wide drill is scheduled for Thursday, October 25, 2007, so final preparations are being made for that.

All grant applications and materials have been turned in for HRSA Year Five. (HRSA's new name is Healthcare Preparedness Program (HPP).

IX. ITEMS FOR FUTURE DISCUSSION

Last month Mark Kramer, M.D., Sharp Memorial, expressed an interest in being the BSPC representative to the Cardiology Advisory Committee. (Dr. Kramer not in attendance this date.)

Dr. Dunford stated that he is currently the State Chair for STEMI issues and asked for any feedback from attendees that he can share with the State.

X. SET NEXT MEETING/ADJOURNMENT

The next meeting was scheduled for Tuesday, November 20, 2007, 11:00 a.m. at Sharp Spectrum Auditorium 8695 Spectrum Center Court, Kearny Mesa, San Diego.

The meeting adjourned at 12:10 p.m.

Respectfully submitted,

Merle Rupp, Board Secretary
County EMS